Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15**, **2004.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043 APPLICATION FOR 2 DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Application Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: COMMUNITY SERVICE DISTRICT CALLAHAN WATER DISTRICT Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code). this application (give area code) CALLAHAN, CA 96014 DAVID B. HAMMOND AUG 1 2 2004 SISKIYOU COUNTY 541-776-3327 5. EMPLOYER IDENTIFICATION NUMBER (EIN) 7 TYPE OF APPLICANT: (enter appropriate letter in box) 8 - 0 0 6 3 7 A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: B. County J. Private University C. Municipal X New Continuation Revision K. Indian Tribe D. Township If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) A Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER & WASTE DISPOSAL COMMUNITY WATER SYSTEM REPLACEMENT 7 6 0 LOAN & GRANT PROGRAM 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COMMUNITY OF CALLAHAN, Siskiyou Cnty, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: CALIFORNIA Start Date Ending Date a. Applicant b. Project Second 8/04 6/06 Second 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal ^{\$}416,000.00 CDBG a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE USDA, RD b. Applicant AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State DWR-SRF 430,000.00 * DATE 8/13/04 d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. ₩ No 1,376,000.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. o. Telephone Number 530-467-5252 a. Type Name of Authorized Representative PRESIDENT, B of D JAMES D. COLLINS d. Signature of Authorized Representative e. Date Signed Lamor 8/11/04

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Id	Version 7/03		
		04/27/2004 3. DATE RECEIVED BY STATE			State Application Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	SIAIE	State Applic	eation Identifier		
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ide	ntifier		
■ Non-construction	☐ Non-construction				2345 (Rev 2)		
5. APPLICANT INFORMATION			Organizational	I due lás			
Legal Name:			Donardmont:				
San Joaquin General Hos	spitai		Division:	mbulatory Care			
Organizational DONS.	8-433-3345		l				
Address: Street: 500 West Hospital		Name and tele Involving this	phone number of p application (give ar	erson to be contacted on matters			
Street: 500 West Hospital		Prefix:	First Name:				
City:			Ms. Middle Name:		Susan		
French Camp	FAF	I W E E		D			
County: San Joaquin			Last Name:	Watson			
State: CA	Zip Codé: 95231	is the District	Suffix:				
Country:	AUG	1 3 2004					
6. EMPLOYER IDENTIFICATION	lesi hard	Source.	Phone Number	swatson@sjgh.	hs.co.san-joaquin.ca.us Fax Number (give area code):		
	IN NUMBER (CIV)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
94-6000531 8. TYPE OF APPLICATION:	OF A TOP OF IT	ARING HOUSE	209 - 468 -		209 - 468 - 6114 ck of form for Application Types)		
	Let 1 1 1 them Made (Area)		1	r LIOANT. (Dee Dat	or of form for Application Types)		
If Revision, enter appropriate let	w ☐ Continuation	n ☐ Revision	B. County				
If Revision, enter appropriate let (See back of form for description	n of létters.)		Other (specify)				
Other (specify)		<u></u>	9 NAME OF FI	9. NAME OF FEDERAL AGENCY:			
			National Telecommunications and Information Administration				
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remote Video Medical Interpretation Bank				
TITLE (Name of Program); Tech	analogy Opportunities Pro	11-552	Remote Vide	eo Medical Interp	pretation Bank		
TITLE (Name of Flogram), Teer	mology opportunites i re	-grain					
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	. States, etc.):	1				
San Joaquin County							
13. PROPOSED PROJECT	Tr 10-1-			SIONAL DISTRICTS			
Start Date: 10/01/2004	End Date: 10/01/	2007	a. Applicant:	·	b. Project: 11, 8, 12, 7, 10, 14		
15. ESTIMATED FUNDING:			16. IS APPLICA ORDER 12372		O REVIEW BY STATE EXECUTIVE		
a. Federal \$		700,000.00	a Vac TH	S PREAPPLICATIO	N/APPLICATION WAS MADE		
h Applicant C		700,000 .00	I AV	AILABLE TO THE S OCESS FOR REVIE	TATE EXECUTIVE ORDER 12372 W ON		
b. Applicant \$		414,115 ^{.00}	ł	TE: 08/13/2004			
c. State \$		0 .00					
d. Local \$		465,844 ^{.00}	D. NO.		OVERED BY E. O. 12372		
e. Other \$	-	0 .00		. PROGRAM HAS N R REVIEW	OT BEEN SELECTED BY STATE		
f. Program Income \$		o ^{.00}	17. IS THE API	PLICANT DELINQU	ENT ON ANY FEDERAL DEBT?		
g. TOTAL \$		1,579,959 ^{.00}	☐ Yes if "Yes"	attach an explanati	on. II No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLIC							
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF			CANT WILL COMPLY WITH THE		
a, Authorized Representative Prefix	First Name			Middle Name			
Mr. Kenneth				В			
Last Name Cohen				Suffix			
b. Title	- All		c. Telephone Num	ber (give area code)			
d. Signature of Authorized Repr	xecutive Officer esentative			209 - 468 - 6 e. Date Signed	UZ I		
a. Orginatoro of Authorizod (representative							

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FEDERAL ASSISTANCE 2. DATE SUBMITTED			Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application	on Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY I	FEDERAL AGENCY	Federal Identifi	er
5. APPLICANT INFORMATION		L.A. HARALES AND		1	
Legal Name:			Organizational Unit:		
West St	ide Health Car	e District	Department:		
Organizational DUNS:			Division:		
Address:					son to be contacted on matters
Street: 218 6th	n street/PO BO	X 128	Prefix:	First Name:	
City: Taft			Mr. Middle Name Alle	Chuc	<u>K</u>
County: Kern			Last Name	strom	AND AND THE PROPERTY OF THE PR
State: CA	Zip Code 93268		Suffix:		
Country: USA				gstrom@t	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN):		Phone Number (give a	•	Fax Number (give area code)
95-500348	?*** ₁		(661)763-2	316	(661) 765-7284
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)
If Revision, enter appropriate		n Revision	_	ial Dist	rict
(See back of form for description of letters.) Other (specify)					
Other (specify)	1	9. NAME OF FEDERAL AGENCY: USDA			
10. CATALOG OF FEDERA	AL DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI		CANT'S PROJECT:
		70-766	(attachments) Medical Office Building		
TITLE (Name of Program):	Community Book	•	Medical O	ffice Bu	liding
12. AREAS AFFECTED BY	Community Faci PROJECT (Cities, Counties	s, States, etc.):	306 Cente	r Street	, Taft, CA 93268
	f Taft, County	of Kern			, at *
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	
Start Date: 3112005	Ending Date:	3012005	a. Applicant	2_	b. Project
15. ESTIMATED FUNDING:		20/2005	16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE
a. Federal	\$	1 000	THIS PR	EAPPLICATION	I/APPLICATION WAS MADE
b. Applicant	¢	1,000	AVAILAE	BLE TO THE STA BS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State	EOFIVED.	0.000	DATE: S	12/2004	
- I	ECEIVED			WIE NOT ON	/EDED DV E O 40070
d. Local	AUG 1 2 2004	.00	b. No. 🔲 PROGRA	AM IS NOT COV	/ERED BY E. O. 12372
e. Other	SAUG 1 2 2004	.00	FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income	ATE CLEARING HOUSE		17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 91	1,000	Yes If "Yes" attac	h an explanatior	n. 🔀 No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix	First Name	Middle	Name _		
Mr. Chuck				A	llen
Last Name Hagstr		Suffix			
b. Title Board		c. Telephone Number (give area code) (661) 765 – 7234			
d. Signature of Authorized R	eptesentative		e. Dat	e Signed 8/2	/2004
Dravious Etter Hookle				Standard Form 424 (Rev 9-2003	

APPLICATION FOR

Version 7/03

OMB Control No. 3045-0035 Expires 3/15/2005

PARTI - FACESHEET		OMB No. 3045-0035 Expiration Date 3/31/05				
APPLICATION FOR F	EDERAL ASSISTA	NCE 1. TYPE OF SUBMISSION:				
		Application Non-Construction 3.b. STATE APPLICATION IDENTIFIER:				
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. a. DATE RECEIVED BY STATE:	3.6. STATE APPLICATION IDENTIFIEM.				
	4. a. DATE RECEIVED BY CNCS:	4.b. CNCS GRANT NUMBER: 02SFPCA035				
5. APPLICANT INFORMATION						
LEGAL NAME: The CSU Chico Research Founda	tion	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):				
ORGANIZATIONAL UNIT: PASSAGES Adult R		NAME: Carol A, Childers				
ADDRESS (give street address, city, county, state a		TELEPHONE NUMBER: (530) 898 – 4307				
Office of Sponsored Programs						
Building 25		FAX NUMBER: (530) 898 - 4870				
Chico, CA 95929-0870		INTERNET E-MAIL ADDRESS: CChilders@csuchico.edu				
6. EMPLOYER IDENTIFICATION NUMBER (EI	N):	7.a. TYPE OF APPLICANT: (enter appropriate letter in box)				
6 8 - 0 3 8 6 5 1	8	A. State H. Independent School District				
8. TYPE OF APPLICATION (Check appropriate bo	ox):	B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University				
NEW □ CONTINUATIO	N	D. Township K. Indian Tribe E. Interstate L. Individual				
REVISION		F. Intermunicipal M. Profit Organization G. Special District N. Private Non-Profit Organization				
If Revision, enter appropriate letter(s) in box(O. Other (specify)				
· · ·	ase Award:	7.b. CNCS APPLICANT CHARACTERISTICS				
C. Increase Duration: to		Enter appropriate code in each blank: _ I , N ,,,				
D. Decrease Duration: to	(enter date)	9. NAME OF FEDERAL AGENCY:				
E. OTHER (specify):		Corporation for National and Community Service				
10. CATALOG OF FEDERAL DOMESTIC ASS	ISTANCE NUMBER:	11. a. TITLE OF APPLICANT'S PROJECT: CSU Chico Research Foundation FGP				
9 4 0 1 1						
Name of Program <u>Foster Grandparent Progr</u>	am-					
12. AREAS AFFECTED BY PROJECT (List Citi						
Butte and Glenn Counties		14. PERFORMANCE PERIOD: Start Date End Date:				
13. PROPOSED PROJECT: START DATE:	09/03/2004	END DATE: 06/30/2005				
15. ESTIMATED FUNDING: Check applicable bo	x: Yr 1: Yr.2: or Yr 3:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
a. FEDERAL \$	92,259	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE				
b. APPLICANT	14,086	TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR				
	14,000	REVIEW ON:				
c. STATE		DATE8/12//04				
HEGELV		b. NO. PROGRAM IS NOT COVERED BY E.O. 12372				
d. LOCAL	2004	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
e. OTHER	2004					
3		19. IS THE APPLICANT DELINOUENT ON ANY FEDERAL DEBT?				
f. TOTAL STATE CLEARIN	GHOUSE 106,345	YES If "Yes," attach an explanation.				
18. TO THE BEST OF MY KNOWLEDGE AND AUTHORIZED BY THE GOVERNING BODY OF THE	BELIEF, ALL DATA IN THIS APPLI E APPLICANT AND THE APPLICANT	CATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. TYPED NAME OF AUTHORIZED REPRESEN		c. TELEPHONE NUMBER: ffice of Sponsored Projects 530-898-5700				
Jeff Wright d. SIGNATURE OF AUTHORIZED/REPRESENT		e. DATE SIGNED:				
Virginia Sture	or Jeff Whigh	(Frants system)				

APPLICATION FOR FEDERAL ASSISTANCE

FEDERAL ASSISTANCE		2. DATE SUBMITTED August 9, 2004		Applicant Identifier	
	-		-		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction	T. DATE RECEIVED BY	, EDERAL AGENOT	T cacrar acramor	
5. APPLICANT INFORMATION					
Legal Name: Rural Human Service	es, Inc.		Organizational Unit:		
Address (give city, county, State,			Name and telephone	number of person to be contacted on matters involvi	
286 'M' Street, Suite	Д		this application (give a	rea code)	
Crescent City, CA 95			Dennis Conge	er, CEO (707) 464-7441 ext. 238	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
94-2735	3 4 6		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	
✓ New ☐ Continuation ☐ Revision			C. Municipal	J. Private University	
If Revision, enter appropriate lette	ar(e) in hov(ae)		D. Township E. Interstate	K. Indian Tribe L. Individual	
Trevision, enter appropriate lett	er(s) in box(es)		F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase specify):	Duration	G. Special District	N. Other (Specify) Not-For-Profit	
B. Beerease Buration Others.	эрссну).		9. NAME OF FEDERA	AL AGENCY:	
			Rural Housing S	ervices of USDA Rural Development	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
		1 0 - 7 6 6	Harrington Hous	e	
TITLE: Community i	Facilities Loans and Gi	rante	Battered Womer	rs-Shelter G E V E	
12. AREAS AFFECTED BY PRO					
Del Norte County, Califorr		,,.		124	
Der Norte County, Camon	ııa	Market and the second		AUG 1 1 2004	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:		UL 400 1 1 2001	
Start Date Ending Date	a. Applicant		b. Project	OTATE OLEADING HOUSE	
10/1/02 12/31/04	Congression	al District 1		Constable TUUSL	
15. ESTIMATED FUNDING:			i	SUBJECT TO REVIEW BY STATE EXECUTIVE	
a. Federal	\$	00	ORDER 12372 PF	(UCESS?	
		500,000	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	204.000	AVAILABLI	E TO THE STATE EXECUTIVE ORDER 12372	
		294,000	PROCESS	FOR REVIEW ON:	
c. State	\$	500,000	DATE	08/09/04	
d. Local	\$	356,000	b. No. PROGRA	AM IS NOT COVERED BY E. O. 12372	
e. Other	\$	0	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE /IEW	
f. Program Income	\$	0.00	17 IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	00	1		
		1,650,000			
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GO	VERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
Dennis Conger		Chief Executive Of	ficer	(707) 464-7441	
d. Signature of Authorized Repre-	sentative nucl			e. Date Signed / 8 / 9 / 0 4	
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Authorized for Local Reproduction	n			Prescribed by OMB Circular A-102	

					•	OF	B Approval No. 0348-0043
APPLICATI FEDERAL				2 DATE SUBMITTED 07/28/2004		Applicant Identifier	
1. TYPE OF SUBMISS	SION:	Dogo	oplication	3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application Construction		-	Canstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal dentition	1 // [5] [5]
Non-Construction	i	<u> </u>	lon-Construction	UUL Z) LL-/T		
5. APPLICANT INFOR	RMATION		h/i-/h	1-4 (1-4-	Organizational Unit	- Hál	
Legal Name: Maxwell Public I					Maxwell Public	- Cult beet	1 2 2004
Address (give city, cou	unty, stale	, and z	ilp code):		Name and telephone application (give are	number of the person to be contacted a code)	on matters involving this
PO Box 294 Maxwell, CA 95 Colusa County	955				Randy J. Vess	rels (530) 438-2505 C	APT IN HOUSE
6. EMPLOYER IDENT					7. TYPE OF APPLIC	CANT: (enter appropriate letter in box	G
8, TYPE OF APPLICA (Revision, enter appr	ATION:	New tter(s) i	ase Award C.	Revision	A. State B. County C. Municipal D. Township E, Interstate F. Internunicip G. Special Distr	J. Private University K. Indian Inbe L. Individual M. Profit Organization	: ilution of Higher Leaming
D. Decrease Quration	ion Ot	her (sp	really):		9, NAME OF FEDER		USDA RD.
						nunity Assistance Corp	
10. CATALOG OF FE ASSISTANCÉ NU		OMES	1 0	7 6 0		ritte of Applicants project: eatment Plant Improvemen	
TITUE: Water and Waste Disposal Loan and Grant Program				I Grant Program			
12. AREAS AFFECTE	ED BY PR	OJEC	t (citios, counties, state	es, <i>elc.)</i> :	4		
Maxwell, Ca., C	Colusa C	Count	y, California				
13. PROPOSED PRO	NECT:		14. CONGRESS	SIONAL DISTRICTS OF:	2		
Start Date	Endin	g Date	a, Applicant			b. Project	
04/01/2005	12/15	5/200	5 Maxwell Pu	blic Utility District		Wastewater Treatment	lant Improvements
15. ESYIMATED FUN				16. IS APPLICA	TION SUBJECT TOR	EVIEW BY STATE EXECUTIVE ORD	R 12372 PROCESS?
a. Fordoral State	\$	***************************************	1,000,000	a. 155, 10	HIS PREAPPLICATION 12372 PROCESS FO	N/APPLICATION WAS MADE AVAILA R REVIEW ON:	LE TO THE STATE EXECUTIVE
b. Applloon RUS	s		83 1700 1.073,77	DATE .	01/27/2003	A. A. Mariana and A.	
c. State	\$.00 b. NO.	PROGRAM IS NOT	COVERED BY 6,Q. 12372	
d. Local	\$.00	-	NOT BEEN SELECTED STATE FOR	REVIEW
e. Other	\$.00		•	
f. Program Income	\$	•		proor		ON ANY FEDERAL DERT?	2007
g. TOTAL	\$		1,831,70	00.00 YES	if "Yes," attach an exp	olanatión.	No .
						ARE TRUEAND CORRECT, THE DO THE ATTACHED ASSURANCES IF 1	
a. Typed Name of A				AND THE AFFLICAN	b. Title	11 - 11 CONTROL ACCOUNTS IF	c. Telephone number
Randy J. Vessel	ls				Manager		(530) 438-2505
d. Signature of Aut		epres		_	1 3.		v. Date Signed
1 100	and	4	Jane	S			07/28/2004
Previous Editions Not Authorized for Local R		ioi	/				Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Standard Form 424 (Rev. 4-92) Prescribed by OMB Circular A-102

APPLICATION FO							OMB Approval No. 0348-00
FEDERAL ASSIS	TANCE	2. DATE SUBMITTED			Applicant Identifier		
TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY S	TATE		State Application I	dentifier	
☐ Construction	☐ Construction	4. DATE RECEIVED BY F	EDERAL A	GENCY	Federal Identifier	· M NOW MAN	
Non-ConstructionAPPLICANT INFORMATION	☐ Non-Construction	_ at a file and the		1			· :
Legal Name: Central Sierra	a Resource Conse	rvation & Developmen	t Orga	nization	al Unit: Central S	Sierra RC&D)
Address (give city, county, stat			Nam			the person to be	contacted on matters involving th
235 New York Ranch Road Jackson CA 95642 Dun & Bradstreet #136584	,		Lee	Seator	give area code) n, Chairperson 861, ext 242		•
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		7. T	YPE OF	APPLICANT: (ente	er appropriate le	tter in box)
4 2 - 1 5	8 6 5 7	6		A. State	·	Independent So	
8. TYPE OF APPLICATION:				3. Count	ty 1.		d Institution of Higher Learning
ĸ	New E Contin	uation 🗆 Revision		D. Town E. Inters E. Intern	ship K. tate L. nunicipal M.	Indian Tribe Individual Profit Organiza Other (Specify)	ition
If Revision, enter appropriate le	etter(s) in box(es)			s, speci	al District N.	Other (Specify)	Non Profit
A. Increase AwardD. Decrease Duration	B. Decrease Award Other (specify):	C. Increase Duration	9. 1	AME OF	FEDERAL AGEN	CY:	<u>, , , , , , , , , , , , , , , , , , , </u>
			Nat	ural Re	esources Cons	ervation Sen	vice
10. CATALOG OF FEDERAL	DOMESTIC APPIETA	ICE MUMBER			FORG	F- 11-1	7 F-F-H
10. CATALOG OF FEBERAL	DUMESTIC ASSISTAT		1		PTIVE TITLE OF A erra RC&D Exp		
TITLE:		1 0 - 9 0	1	illiai Gi	A1		004
12. AREAS AFFECTED BY P	ROJECT (Cities, Coun	ties, States, etc.):			The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Alpine, Amador, Calave	ras, Northern Mor	no, Tuolumne Counties				agent start of production with the start of	31.31.14.3
13. PROPOSED PROJECT	14. CONGRE	SSIONAL DISTRICTS OF:		P. W. D.			All Sections of the state of th
Start Date	a. Applicant 3			b. Proje 3, 19	ect		
15. ESTIMATED FUNDING:		150			APPLICATION SUB 372 PROCESS?	JECT TO REVI	EW BY STATE EXECUTIVE ORD
a. Federal	\$	150	00 .00			_ICATION/APPL	ICATION WAS MADE AVAILABLE
b. Applicant	\$	- av	.00		TO THE STATE REVIEW ON:	E EXECUTIVE (ORDER 12372 PROCESS FOR
c. State	\$.00		DATE 8/11	/04	
d. Local	\$	- CONTRACTOR OF THE CONTRACTOR	.00	b. N			RED BY E.O. 12372 BEEN SELECTED BY STATE FO
e. Other	S		.00		REVIEW		٠.
f. Program Income	\$	Section of the sectio	.00	17. IS			N ANY FEDERAL DEBT?
g. TOTAL 30,000.00	\$		00.00	0)		f "Yes," attach a	
18. TO THE BEST OF MY KN BEEN DULY AUTHORIZE ASSISTANCE IS AWARD	D BY THE GOVERNIN	EF, ALL DATA IN THIS APPI IG BODY OF THE APPLICAI	LICATION/F NT AND TH	REAPPI E APPLI	LICATION ARE TR CANT WILL COMP	UE AND CORRI LY WITH THE A	ECT, THE DOCUMENT HAS ATTACHED ASSURANCES IF TH
a. Type Name of Authorized F Lee Seaton	Representative	b. Titi Chai	e rperson	-	A Second Control of Sec	-	c. Telephone Number (209) 533-0361
EGG OCUION							e. Date Signed

d. Signature of Authorized Representative

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- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

	OFDIEVINIO	OFFICIAL.
IGNATURE OF AUTHORIZED	CERTIFYING	OFFICIAL
10.0		

TITLE

Alfred Nunes CSRC&D Sec./Tres.

PPLICANT ORGANIZATION

Central Sierra RC&D

DATE SUBMITTED

Application for Federal Education Assistance (ED 424)



U. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit			
Name and Address Legal Name: Taft City School District	LEA			
Address: 820 North 6 th Street				
	20000 0000			
Taft City	<u>CA</u> <u>Kern</u> <u>93268</u> - <u>2306</u> State County ZIP Code + 4			
2. Applicant's D-U-N-S Number 1 0 0 0 9 1 9 0	6. Novice ApplicantYes _X_No			
3. Applicant's T-I-N 9 5 - 6 0 0 3 0 8 7	7. is the applicant delinquent on any Federal debt?Yes XNo			
	(If "Yes," attach an explanation.)			
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B				
Title: Mentoring Program	8. Type of Applicant (Enter appropriate letter in the box.)			
	A - State F - Independent School District			
5. Project Director: Greg Mudge	B - Local G - Public College or University C - Special District H - Private, Non-profit College or			
	University			
Address: 820 North Sixth Street	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization			
Taft CA 93268 2306 City State Zip code + 4	K - Other (Specify): RECEIVED			
City State Zip code + 4 Tel. #: ()	AUG 1 0 2004			
	/ / / 2004			
E-Mail Address:	STATE CLEARING LOUIS			
Application Information 9. Type of Submission:	STATE CLEARING HOUSI 12. Are any research activities involving human subjects planned at			
-PreApplication -Application	any time during the proposed project period? Yes (Go to 12a.) _X_ No (Go to item 13.)			
Construction Construction Non-Construction X Non-Construction				
10. Is application subject to review by Executive Order 12372 process?	12a. Are all the research activities proposed designated to be exempt from the regulations?			
X Yes (Date made available to the Executive Order 12372 process for review): 07 / 10 / 2004	Yes (Provide Exemption(s) #):			
•	No (Provide Assurance #):			
No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:			
Program has not been selected by State for review.	Taft Mentoring for Success			
11. Proposed Project Dates: <u>09 / 01 / 2004</u> <u>08 / 31 / 2007</u>	Tale workshing for educate			
Start Date: End Date:				
Estimated Funding Authorized Representative 15. To the best of my known	re Information vledge and belief, all data in this preapplication/application are true			
The state of the s	ment has been duly authorized by the governing body of the applicant			
and the property of the control of t	comply with the attached assurances if the assistance is awarded.			
	ve (Please type or print name clearly.)			
d. Local \$00Dr. Michael Harris_				
e. Other \$00 b. Title: Superintender				
C CONTRACTOR OF THE CONTRACTOR	1521 Fax #: (661) <u>763 - 1495</u>			
d. E-Mail Address: <u>mha</u> g. TOTAL \$ 148.314 .00 g.51gngfure of Authorize				
g. TOTAL \$ 14 X X Y . 00 e. Signature of Authorize	1000ec Date 1291 05			

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED/ 8/3/2004			Applicant Identifier	
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY		State Applicati	on Identifier	
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:			Organizational Department:	al Unit:		
City of Gridley	7700		, C	ity Manager		
Organizational DUNS: 04047	7 7 8 8		Division:			
Address:				ephone number of per application (give are	rson to be contacted on matters	
Street: 685 Kentucky Street			Prefix:	First Name:		
City:		And the second s	Mr. Middle Name	Ja	ack	
Gridley			Last Name			
County: Butte			SI	ota		
State: California	Zip Code 95948		Suffix:			
Country:			Email:	gridley.ca.us		
USA 6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			r (give area code)	Fax Number (give area code)	
94-6000344	.]		530-846-46	75	530-846-3229	
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back	k of form for Application Types)	
IX Nev		on 🗌 Revision	Municipal			
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) of letters.)		Other (specify)			
O41 (if-)			a NAME OF	EDERAL AGENCY:		
Other (specify)				l	JSDA Rural Development	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		TIVE TITLE OF APPLI		
		10-766	Intrastructur	e improvements to t	he Gridley Industrial Park.	
TITLE (Name of Program): Rural Economic Developme	nt Loans & Grants					
12. AREAS AFFECTED BY PR		s, States, etc.):				
City of Gridley, Butte Count	у					
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SSIONAL DISTRICTS	OF: b. Project	
Fall 2004		ner 2005		02	02	
15. ESTIMATED FUNDING:			ORDER 12372	PROCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal * \$		4.710.000			N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		4,710,000		ROCESS FOR REVIEW		
c. State	FOEIVED		Н ь	ATE:		
L H		500,000		POGRAMIS NOT COV	/ERED BY E. O. 12372	
d. Local \$	AUG 1 0 2004	,282,000	D. No. L.			
e. Other	-			R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STATE	
f. Program Income \$	TE CLEARING HOU	SE .ºº			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	The state of the s		⊢ □Yes If "Yes	s" attach an explanatior	n. 🔯 No	
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIE	6,492,000 F. ALL DATA IN THIS API		• •		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICAN	IT AND THE APPLICA	ANT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name			Middle Name		
Mr.	Jack			Suffix		
Last Name Slota						
b. Title City Manager				c. Telephone Number 530-836-4675	,	
d. Signature of Authorized Repr	esentative	WALLOUGH TO THE TOTAL OF THE TO		e. Date Signed	3-64	
John Jeren						

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OMB Approval No. 0348-0043 APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE B/10/04 State Application Identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Application Preapplication Federal Identifier 4. DATE RECEIVED BY FEDERAL AGENCY Construction X Construction CA-01-01 Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Capital Development and Construction Division California Department of Veterans Affairs Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application (give area code) Robert M. Johnson Capital Outlay and Construction Division 1227 "O" Street, Suite 314 916 653-0240 Sacramento, CA 95814 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Α 6 0 3 8 1 5 7 H. Independent School Dist. A. State I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: J. Private University C. Municipal Revision Continuation K. Indian Tribe X New D. Township L. Individual E. Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal N. Other (Specify) G. Special District C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Northern California Veterans Cemetary TITLE: State Cemetary Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): AUG 1 0 2004 State of California: Shasta County; City of Redding 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT b. Project Ending Date a. Applicant Start Date Wally Herger, 2nd CA Congressional District Robert Matsui, 5th CA Congressional District 10-1-04 11-1-05 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** 8,522,000.00 a. Federal a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant PROCESS FOR REVIEW ON: \$ August 10, 2004 c. State \$ b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 d. Local ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE \$ e. Other FOR REVIEW \$ 17. IS THE APPLICANT DELINQUENT ON ANY EDERAL DEBT? f. Program Income Yes If "Yes," attach an explanation. 8,522,000.00 q. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number Secretary a. Type Name of Authorized Representative 916 653-2158 California Department of Veterans Affairs Tom Johnson, FACHE e, Date Signed d. Signature of Authorized Representative

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APPLICATION FOR				OMB Approval No. 0348-004		
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 10, 2004		Applicant Identifier N/A		
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier SAI-E-KEMPT		
Application Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01562		
5. APPLICANT INFORMATION						
Legal Name: California - Department o	f Parks and Recreation	on	Organizational Unit: California Depart	tment of Parks and Recreation		
Address (give city, county, State, Post Office Box 942896			Name and telephone i	number of person to be contacted on matters involvinged code)		
Sacramento 3150 Sa	cramento 067 296-0001		Betty Ettinger (916) 651-8174			
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):	4	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)		
			A. State	H. Independent School Dist.		
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning		
New New	Continuation	Revision	C. Municipal	J. Private University		
(F) Han		innel 144774	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstates	L. Individual		
			F. Intermunicipal	M. Profit Organization		
A. Increase Award 8. Deci D. Decrease Duration Other(s		e Duration	G. Special District	N. Other (Specify)		
			9. NAME OF FEDERA			
		Andread Market Control	Department of the National Park Se	e Interior rvice - V/estern Region 1443		
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT:		
		15-916	Centennial Region	onal Park Dev.		
TITLE: Outdoor Recre	eation - Acquisition, Devi	elopment & Planning	City of Santa Ana	a DIVIDED I		
12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles, St.	ates, etc.);	Santa Ana, CA 9	na Blvd., 2nd Fre CEIVED		
06- 69000			1 .	AUG - 9 2004		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	ISTRICTS OF:				
Start Date	a. Applicant	3	b. Project	STATE CLEARING HOUSE I		
15, ESTIMATED FUNDING:	<u> </u>		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE		
		90	ORDER 12372 PF			
a. Federal	\$	152,235		APPLICATION/APPLICATION WAS MADE		
b. Applicant	\$	152,235	i -	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:		
c. State	\$	06	DATE _9	1004		
d. Local	\$			AM IS NOT COVERED BY E. O. 12372		
e. Other	\$, oo	Ø OR PROG FOR RE\	GRAM HAS NOT BEEN SELECTED BY STATE /IEW		
f. Program Income	\$, 00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	304,470 ^{.66}		attach an explanation.		
				TION ARE TRUE AND CORRECT, THE		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T			E APPLICANT AND TI	HE APPLICANT WILL COMPLY WITH THE		
a. Type Name of Authorized Repr		b. Title Director, Parks and	1 Pagrassion	c. Telephone Number (916) 653-7423		
Ruth Coleman d. Signature of Authorized Repres	sentative	_ Director, Falks and	7 1 (0 (10 (6)) (3))	e. Date Signed		
	,			a contract of the contract of		

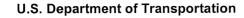
OMB Approval No. 0348-0043

APPLICATION FOR

application for		\	2 DATE SUGMITTED		Applicant Identifier			
FEDERAL ASSISTA	ANCE		PLEATENE HOUSE		N/A	History		
I. TYPE OF SUBMISSION:			3. DATE RECEIVED BY	STATE	State Application Iden SAI-EXEMPT	uner:		
Application Construction Non-Construction	Preapplication Construct Non-Con	tion	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01542			
5. APPLICANT INFORMATIO								
edal Name.				Organizational Unit:	tment of Parks and	l Recreation		
California - Departmen)	California Depar	number of person to be	contacted on matters involving		
Address (give city, county, Sta	te, and zip code):	:		this application (alve a	res code)			
Post Office Box 942896		067		Betty Ettinger	this application (glve area code) Betty Ettinger			
Cadiamina o io	Sacramento 94296-0001	007		(916) 651-8174		- 4.00 miles		
California 06 6. EMPLOYER IDENTIFICAT		IN):		7. TYPE OF APPLICA	ANT: (enter appropriate			
a. EMPLOILRIBERINION		/-				A		
				A, State	H. Independent Scho	ol Ust. Stution of Higher Learning		
8. TYPE OF APPLICATION:				B. County	J. Private University	stitution of ringiner Economia		
	lew 🗌 Con	tinuation	Revision	C. Municipal D. Township	K. Indian Tribe			
·-		, , , , , , , , , , , , , , , , , , , ,		E. Interstate	L. Individual	•		
If Revision, enter appropriate	letter(3) in box(es	5)		F, Internunicipal	M. Profit Organization	n .:		
A Jasson Award B I	bawA easerpei	C. Increase	e Duration	G. Special District	N. Other (Specify)			
/ IIIO. O GO /	er(specify);	0. massas						
D, Decidas, Odialon Ca				9. NAME OF FEDER	AL AGENCY:			
			eA.	Department of th	ne Interior	ogion 1443		
					ervice - Western R			
10. CATALOG OF FEDERA	DOMESTIC AS	SISTANCE N	UMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT	S PROJECT:		
IV, CAJALOG OF TEDLICA	BOMEOTICAL			Central County	Rikeway Dev.			
				City of Suisun C	city	4		
TITILE: Outdoor R	ecreation - Acqu	uisition, Dev	elopment & Planning	701 Civic Cente	r Blvd.			
12. AREAS AFFECTED BY	PROJECT (Cities	, Counties, St	ates, etc.):	Suisun City, CA				
06-75630								
13. PROPOSED PROJECT	14. CONGR	ESSIONAL D	STRICTS OF:					
Start Date Ending Date	a. Applicant			b. Project		•••		
11/1/04 6/30/0		0	3		10			
15. ESTIMATED FUNDING:						W BY STATE EXECUTIVE		
15. LOUMNIES I GILDRIG				ORDER 12372 F	ROCESS?			
a, Federal	\$		05.050			CATION MADE		
			85,250	a. YES. THIS PRE	EAPPLICATION/APPLI	ECUTIVE ORDER 12372		
b. Applicant	\$		702, 750	AVAILAB	S FOR REVIEW ON:	ECO, IVE OILDEN, 124.2		
			102,700			(}		
c. State	\$,	DATE _	3/9/04	· •		
d Lacol	\$					V.		
d. Local	*		-	b, No. PROGI	RAM IS NO'T COVERE	D BY E. O. 12372		
e. Other	\$		60			EN SELECTED BY STATE		
				FOR RI	EVIEW			
f. Program Iricome	\$, αρ			ANV PERCHAL REPT?		
						ANY FEDERAL DEBT?		
g. TOTAL \$ 788,000				Yes If "Yes,	" attach an explanation	on. 🔲 No		
18. TO THE BEST OF MY		In per IP	I DATA IN THIC ADDI	ICATION/PREAPPLIC	ATION ARE TRUE AN	D CORRECT, THE		
18. TO THE BEST OF MY P DOCUMENT HAS BEEN D	NOWLEDGE AN	ID BELIEF, A	FUNEBNING BUDA UE.	THE APPLICANT AND	THE APPLICANT WIL	L COMPLY WITH THE		
ATTACHED ASSURANCE	OLT AUTHORIZI S IF THE ASSIST	LANCE IS AW	ARDED.			•		
a. Type Name of Authorized	Representative		b. Title		c. Telephone Numb			
Ruth Coleman			Director, Parks a	nd Recreation	(916) 853-7423			
d. Signature of Authorized F	epresentative				e. Date Signed			
					Standar	Form 424 (Rev. 7-97)		
Provious Edition Usable					Otaniali	- 1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		



FTA



Federal Transit Administration

	Application for Federal	ASSISTANCE AUG - 6 2004
Recipient ID:	2271	Order Vabrican Carl Law Vabration
Recipient Name:	CLAREMONT, CITY OF	CIMIL COLARD SHOUSE
Project ID:	CA-90-Y320	
Budget Number:	1 - Budget Pending Approval	
Project Information:	Claremont Intermodal Transit Facility	

Part 1: Recipient Information

Project Number:	CA-90-Y320
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project	\$250,000
Project Number:	CA-90-Y320	Cost:	
	Claremont Intermodal Transit	Adjustment Amt:	\$0
Project Description:	Facility	Total Eligible Cost:	\$250,000
Recipient Type:	City	Total FTA Amt:	\$200,000
FTA Project Mgr:	John Ottomanelli (213) 202-	Total State Amt:	\$0
	3957	Total Local Amt:	\$50,000
Recipient Contact:	Michael Busch (909) 399- 5456	Other Federal Amt:	\$0
New/Amendment:	None Specified	Special Cond Amt:	\$0
Amend Reason:	Initial Application		· ·
		Special Condition:	None Specified
Fed Dom Asst. #:	20507	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5307		

State Appl. ID:	None Specified		
Start/End Date:	Dec. 01, 2004 - Jun. 30, 2006		
Recvd. By State:			
EO 12372 Rev:	Not Applicable		
Review Date:	None Specified		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 09, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

mercuniane.	S.C. Eff. Date:	None Specified
	Est. Oblig Date:	None Specified
	Pre-Award Authority?:	Yes
	Fed. Debt Authority?:	No
_	Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

Congressional Districts

State ID	District Code	District Official	
6	26	David Dreier	

Project Details

Through this application and the allocation of \$200,000 of availabe Transit Enhancement (TE) funds, the City of Claremont will be constructing and procuring transit enhancements for a 485 space parking facility as part of a transit oriented development for bus commuters, future Gold Line patrons and for planned mixed use development. The facility will include four (4) parking levels, public bathrooms, a public plaza area and bicycle amenities (lockers). The \$200,000 in TE Funds will be allocated to the bicycle amenities, pedistrian improvements and other eligible costs incorporated into the facility. The project is located within the Village Expansion Project Area which is adjacent to the Metrolink and future Gold Line Right-of-Way. The facility is within 1/8 mile from the Foothill Transit Store and the City's historic transit depot; the loaction of the City's Metrolink Station. The facility is funded from a combination od Section 5309 Funds, TE Funds and local dollars. The construction cost is estimated at \$8.1 million. As a project participant, Foothill Transit will allocate \$2.3 million in Section 5309 Funds to the project through a seperate application. Currently, the project is in design. Award of the construction contract is not anticipated until January 2005. The construction period is estimated at 15-18 months with the project open by June 2006.

Part 3: Budget

Project Budget

	<u>Quantity</u>	FTA Amount	Tot. Elig. Cost
SCOPE			
113-00 BUS - STATION/STOPS/TERMINALS	0	\$200,000	\$250,000
ACTIVITY			

11.33.04 CONSTRUCT - BUS PARK&RIDE LOT	0 \$200,000	\$250,000
	Estimated Total Eligible Cost:	\$250,000
	Federal Share:	\$200,000
		\$50,000
	Local Share:	

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.33.04	CONSTRUCT - BUS PARK&RIDE LOT	Gasoline	1
----------	-------------------------------	----------	---

Extended Budget Descriptions

11.33.04 CONSTRUCT - BUS PARK&RIDE LOT		0	\$200,000	\$250,000			
These funds will be allocated to construct and procure the eligible transit enhancement (TE) activities.							

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.33.04 CONSTRUCT - BUS PARK&RIDE LOT 0 \$200,000 \$250,000

	Milestone Description	Est. Comp. Date
1.	RFP/IFB Issued	Jan. 31, 2005
2.	Contract Award	Mar. 15, 2005
3.	Contract Complete	Jun. 30, 2006

Part 5. Environmental Findings

PRJBUD Project Budget

0 \$200,000

\$250,000

Finding No. 1 - Class II(c)

C13 - Ridesharing activities Ridesharing activities.

Finding Details:

The facility being constructed will be used by Foothill Tranist for commuter parking and for the future light rail project (Gold Line). Other parking will be made available to support the transit oriented

development.

Part 6: Fleet Status

Fixed Route

		<u>Before</u>	<u>Change</u>	<u>After</u>
I.	Active Fleet			
	A. Peak Requirement	4	0	4
	B. Spares	2	0	2
	C. Total (A+B)	6	0	6
	D. Spare Ratio (B/A)	50.00%	0.00%	50.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	6	0	6

Part 7. FTA Comments

No information found.

Part 8: Results of Reviews

The reviewer did not find any errors

APPLICATION FOR				OMB Ap	proval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED	•	Applicant Identifier	
I. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
■ Non-Construction	Non-Construction				
. APPLICANT INFORMATION			Organizational Unit:		
.egalName: Janesville Fire	Protection I	District	Organizational Onit.	Special Distric	et
Address (give city, county, State			Name and telephone	number of person to be contacte	d on matters involvi
PO Box 40, Jane	esville, Lasse	en, CA 96114	this application (give a	area code)	
i			Kristin L	uther (530)253-3	3737
S. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in	box)
94-257	1 4 4 3		A State	U Indonesiant Cohool Dist	G
B. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist.I. State Controlled Institution of	f Higher Learning
	w	Revision	C. Municipal	J. Private University	o o
⊠ Nev			D. Township	K. Indian Tribe	
If Revision, enter appropriate let	iter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. De	crease Award Chincrea	selDulation []	G. Special District	N. Other (Specify)	
	(specify):	Be Dufation E D			
	Δ11	G - 5 2004	9. NAME OF FEDER	RAL AGENCY:	/Emp
	710	<u>u - 3 2004</u>		MECEN	VED
	N. C. Santa			ALLES E	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	ALMARING HOUSE !	11. DESCRIPTIVE I	TILE OF APPLICANT SPROJE	.Ca504
0	1.11.11	110-7166		STATE	-
TITLE: UMM	1 1000	ian-	Water	STATE CLEARIN	IG HOUSE !
12. AREAS AFFECTED BY PR	ROJECT (Cities, Counties, S	States; etc.):			
Janesville, La	assen, CA				
13. PROPOSED PROJECT Water Tender	14. CONGRESSIONAL I	DISTRICTS OF:	in Dooli	He	
Start Date Ending Date	a. Applicant		b. Project		
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY ST	TATE EXECUTIVE
		00	ORDER 12372 F	PROCESS?	
a. Federal	46,725	• •	a. YES. THIS PRE	EAPPLICATION/APPLICATION	WAS MADE
b. Applicant	\$.00		LE TO THE STATE EXECUTIVE	
	10,000	00		S FOR REVIEW ON:	
c. State	\$.**	DATE	8/3/04	
d. Local	\$.00		RAM IS NOT COVERED BY E. (O. 12372
e. Other	\$		OR PR	OGRAM HAS NOT BEEN SELE EVIEW	CTED BY STATE
f. Program Income	\$.00			
TOTAL		<u> </u>		ANT DELINQUENT ON ANY FE	
g. TOTAL	\$ 56,725	•		," attach an explanation.	No
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF,	ALL DATA IN THIS APPL	CATION/PREAPPLIC	ATION ARE TRUE AND CORR	ECT, THE
DOCUMENT HAS BEEN DUI			HE APPLICANT AND	THE APPLICANT WILL COMP	LT WILL INC
a. Type Name of Authorized R		b. Title		c. Telephone Number	***************************************
Charles Harri	son	Fire Chief		530/253-3737	
d. Signature of Authorized Rep	presentative			e. Date Signed	
176191	Control of the Contro			6-1-04	

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APPLICATION FOR FEDERAL ASSISTANCE

FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/30/2004		Applicant Identifier	
1. TYPE OF SUBMISSION:	1	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction X Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: David Way	ne Ferguson		Organizational Unit:		
Address (give city, county, State	, and zip code):		Name and telephone	number of person to be contacted on matters involving	
683 Bucher Ave			this application (give a		
Santa Clara, C	a 95051		David Wayn		
-			(408) 249-3	653 or (408) 241-4786	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)	
5 6 - 7 4 1 1	471		(A) State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			(B) County	I. State Controlled Institution of Higher Learning	
X Nev	v Continuation	Revision	Municipal	J. Private University	
ET MEN	V Gontindation		Township	K. Indian Tribe	
If Revision, enter appropriate let	ter(s) in box(es)		Interstate	L. Individual	
			Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec D. Decrease Duration Other		se Duration	Special District	N. Other (Specify)	
	mestic Assistan	rce.	9. NAME OF FEDER	AL AGENCY:	
Tage Land				and the second	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	HIMBER:	11, DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT: of family in general	
	HEU		17 275 375 375 375		
	11			lic or anyone	
TITLE:	AUG	i - 5 2004	Citizen of		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Si	tates, etc.):	Physicaly af	Ilicted	
			Unemployed		
		FARING HOUSE	Low income	person	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
			ORDER 12372 P		
a. Federal	\$.00			
		5 000	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$. 00		E TO THE STATE EXECUTIVE ORDER 12372	
c. State	\$	00	- PROCESS	S FOR REVIEW ON:	
C. State		25,000.	DATE		
d. Local	\$.00		NAMES NOT COVERED BY E. O. 12372	
e. Other	S	25,000.		AM IS NOT COVERED BY E. O. 12372 OGRAM HAS NOT BEEN SELECTED BY STATE	
	2	25,000.	FOR RE		
f. Program Income	S	.00	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL L.	\$.00	Yes If "Yes,"	attach an explanation.	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE G	SOVERNING BODY OF TH	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Re		b. Title		c. Telephone Number	
d. Signature of Authorized Rep	eseptative	10/10	1 . A sta A	e Date Signed 7 7 6 000	
Previous Edition Usable	a way	1 Juna	usar	Standard Form 424 (Rev. 7-97)	
Authorized for Local Reproduct	ion /			Prescribed by OMB Circular A-102	

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier
		July 30, 20	004	·
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E	Y STATE	State Application Identifier
Application	Preapplication	·		4
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier
XXNon-Construction	XNon-Construction			
5. APPLICANT INFORMATION				
Legal Name:	There = 1		Organizational Unit:	
City of		***************************************		lice Department
Address (give city, county, State,	, and zip code):		Name and telephone	number of person to be contacted on matters involved
604 C Street			this application (give	area code)
Eureka CA 955	501		David A. D	ouglas 707 441 4095
6. EMPLOYER IDENTIFICATION				ANT: (enter appropriate letter in box)
			7. TIPE OF AFFEIG	ANT: (enter appropriate letter in box)
94-6000	3 7 2		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:	,		B. County	State Controlled Institution of Higher Learning
∏ New	Continuation	Revision	C. Municipal	J. Private University
□ INEW	Continuation	☐ Kevision	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
			F. Intermunicipal	M. Profit Organization
	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):			
			9. NAME OF FEDER	AL AGENCY:
##		,	II C Donard	mont of Tuetice
			U S Depart	ment of Justice
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NUI	MBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
CODE C				
COPS Secure our	Schools grant -		Eureka Ser	nior High Communications
TITLE:	IECT (011: 011: 01:1		Security F	Enhancements EVED
12. AREAS AFFECTED BY PRO		es, etc.):		The second secon
City of Eureka	- schools			AUG - 5 2004
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF	J	
Comm Enhancement		Fir	st Congressio	onal District
	a. Applicant		b. Project	STATE CLEARING HOUSE
10/04 9/05	City of Eureka	Police	1	ions Enhancement
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PF	
a. Federal	\$	000		,
	40	,000 .	(a.)YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372
		0_		FOR REVIEW ON:
c. State	\$	0-	Tı	117 20 2004
d. Local	•	00	DATE	11y 30, 2004
d. Local	\$ 40	,000 plus		
e. Other	\$	00 PIGS		M IS NOT COVERED BY E. O. 12372
c. Other	•) -		GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	00	FOR REV	IE VV
Flogram income		, · .	47 IO THE APPLICAN	
a. TOTAL	\$	00		IT DELINQUENT ON ANY FEDERAL DEBT?
	•	,000 0 plus	Yes If "Yes," a	ttach an explanation.
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF. ALL D	ATA IN THIS APPLICA	TION/PREAPPLICAT	ON ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY A	UTHORIZED BY THE GOVE	RNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF TI	E ASSISTANCE IS AWARD	DED.		LIONIT WILL COMPL! WITH THE
a. Type Name of Authorized Repre	sentative b.	Title		c. Telephone Number
David A. Dougla		Chief of	Police	707 441 4095
I. Signature of Authorized Represe	entative //			e. Date Signed
	V. Colos			07/30/2004
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OMB Approval No 0348-0043 ant Identifier 2. DATE SUBMITTED APPLICATION FOR FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE State Application Identifier 1. TYPE OF SUBMISSION Application Preapplication Federal Identifier 4. DATE RECEIVED BY AGENCY Construction Construction AIP No. 3-06-0077-05 □ Non-Construction ■ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: County of Shasta Fall River Mills Airport Name and telephone of the person to be contacted on matters involving Address (give city, county, state and zip code) this application (give area code) Daniel J. Kovacich 1855 Placer Street Redding, California 96001 AUG - 4 2004 (530) 225-5155 6. EMPLOYER IDENTIFICATION NUMBER (EIN 7. TYPE OF APPLICANT: (enter appropriate letter in box) В STATE CLEARING HOUSE A. State H. Independent School Dist. 5 9 6 0 n 3 5 State Controlled Institution of Higher Learning B. County C. Municipal J. Private University 8. TYPE OF APPLICATION K. Indian Tribe D. Township E. Interstate L. Individual New Continuation ☐ Revision F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): If Revision, enter appropriate letter(s) in box(es) B. Decrease Award C. Increase Duration A. Increase Award 9. NAME OF FEDERAL AGENCY: E. Other (specify): D. Decrease Duration Federal Aviation Administration 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC 2 0 0 6 ASSISTANCE NO. G Design of Airport Impl AIRPORT IMPROVEMENT PROGRAM 12. Areas affected by Projects (cities, counties, states, etc): STATE CLEARING HOUSE Shasta County 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Ending Date a. Applicant b. Project Start Date 07-31-05 09-01-04 2nd 2nd 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE 522,500 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. Applicant 2,750.00 c. State PROGRAM IS NOT COVERED BY E.O. 12372 b. NO. 24,750.00 d. Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW .00 e. Other .00 f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? .00 g. TOTAL Yes, If "Yes", attach an explanation 550,000.00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED b. Title c. Telephone Typed Name of Authorized Representative

Chairman of the Board

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d. Signature of Kuthorized/Representative

Glenn Hawes

(530) 225-5557

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE	:	2. DATE SUBMITTED		Applicant Ident	tifier
	·	July 27, 2004 3. DATE RECEIVED BY	CTATE	R9 Tracking N State Applicati	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BT	SIAIL	State Applicati	on identifier
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	i i	ier
Non-Construction	Non-Construction			A009009-05-0	
5. APPLICANT INFORMATION Legal Name:			Organizational U	Init:	
Ventura County Air Pollution Co	ntrol District		Department:	air Pollution Control (District
Organizational DUNS:	paraceta, f	EGELVE	Division:	III FOILUION CONTON	Jistrict
068691122	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		N/A Name and talent	one number of ne	son to be contacted on matters
Address: Street:			involving this ap	plication (give area	a code)
669 County Square Drive, 2nd F	loor	JUL 3 0 2004	Prefix: Ms.	First Name: Vickie	
City: Ventura			Middle Name M.	1	
County: Ventura	STAT	ECLEARING H	Last Name Workman		
State: California	Zip Code 93003	The second secon	Suffix: N/A		
Country: U.S.A.			Email: vickie@vcapcd.o	rg	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)
95-6000944	1	•	(805) 645-1416		(805) 645-1444
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See back	of form for Application Types)
₩ Nev		n Revision	G		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (appoint)			9 NAME OF FEI	DERAL AGENCY:	
Other (specify)			U. S. Environmer	ntal Protection Agend	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	CE NUMBER:	1	E TITLE OF APPLIC	
		66-001	Ventura County I an effective prog	ocal Air Pollution Co ram that complies wi	ntrol Program for the operation of ith the Federal and State
TITLE (Name of Program): Air Pollution Control Program			requirements.		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):			
Ventura County					
13. PROPOSED PROJECT	Ending Date:		a. Applicant	ONAL DISTRICTS	DF: b. Project
Start Date: 10/01/04	09/30/05				23 & 24
15. ESTIMATED FUNDING:			16. IS APPLICAT		REVIEW BY STATE EXECUTIVE
a. Federal \$		00	THIS	PREAPPLICATION	/APPLICATION WAS MADE
b. Applicant \$		1,128,785] ~~~	LABLE TO THE STA CESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State \$		6,192,495 · · · · · · · · · · · · · · · · · · ·	DATI	≣:	
d. Local \$		211,200	b. No. 🕏 PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		00	J	ROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$	- National Property and Advanced Control of the Con	. 00	FOR	REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		30,000			
1		7,532,480	1	ttach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF T	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative			la a	ddle Name	
Prefix Mr.	First Name Michael				
Last Name Villegas				ıffix	
b. Title Air Pollution Control Officer		/ 0	(8)	Telephone Number 05) 645-1440	
d. Signature of Authorized Repre	esentative / /	1/2/	e.	Date Signed 7	-28-2004

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifier	Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	ion Identifier	
Application	Pre-application					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Federal Identif	ier	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:	,		Organizationa	al Unit:		
Regents, Univer		fornia, Davi:	<u> </u>	Dept. of En	tomology	7
Organizational DUNS: 04-712-00	8 4		Division: Agr	i.& Environ	. Scienc	es
Address:			Name and tele	ephone number of per	rson to be cont	acted on matters
Street: Sponosred Proof One Shields	ograms,118	Everson Hall	Prefix:	application (give area	a Codo)	
City	Avenue	and the second s	Dr. Middle Name	Diane		
County: Davis	The same	7-2004	Last Name	Ε.		
County: Yo1o	AUG -	Francisco Processor		Ullman		
State: CA	Zip Code 95616	and the second s	Suffix:			
Country: USA	faller to the fall to the	MINIA HOUSE	Email:	1		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	The second secon	Phone Number	1man@ucdavi	S.eau Fax Number (g	ive area code)
914-61031614914			530-752	-3799	530-752	-1537
8. TYPE OF APPLICATION:			7. TYPE OF A	PPLICANT: (See back		
IX New If Revision, enter appropriate lette (See back of form for description	er(s) in box(es)	Revision	N. Lan	id grant uni	versity	1862
Other (specify)			9. NAME OF F	EDERAL AGENCY:	DOW	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPT	rest Servic	ANT'S PROJE	CT:
	,	10-664	l .	tion Behavi		
TITLE (Name of Program): COO	perative Fores	try Assistance		k Beetle, S		
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):	(RWII #	4502 -Subun	i+ #11-	2721)
State			(Kilo "	4502 500011	.16 "11	2/21)
13. PROPOSED PROJECT				SIONAL DISTRICTS O		
Start Date: 8 / 1 5 / 0 4	Ending Date: 8 / 1 4 / 0 7		a. Applicant I		b. Project I	
15. ESTIMATED FUNDING:	0/11/0/			ATION SUBJECT TO F	REVIEW BY ST	ATE EXECUTIVE
a. Federal \$		05	ORDER 12372 I	PROCESS? IS PREAPPLICATION/	APPLICATION	WAS MADE
b. Applicant \$		56,700	a. res. AV	AILABLE TO THE STA	TE EXECUTIVE	
	·	11,340		ocess for review _{TE:} 8/2/04	ON	
c. State \$,	DA	TE: 0/ 2/ 04		
d. Local \$			b. No. II PRO	OGRAM IS NOT COVE	RED BY E. O.	12372
e. Other \$				PROGRAM HAS NOT R REVIEW	BEEN SELECT	ED BY STATE
f. Program Income \$. 00	17. IS THE APP	PLICANT DELINQUEN	T ON ANY FED	ERAL DEBT?
g. TOTAL \$	·	58.040	Tes If "Yes"	attach an explanation.	1 KK	10
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	VLEDGE AND BELIEF, A UTHORIZED BY THE G	ALL DATA IN THIS APPL OVERNING BODY OF TH				
a. Authorized Representative						
	First Name		M	fiddle Name		
Last Name	Kelly Par	ker	s	Suffix		:
). Title	— Contracts	and Grants Analyst	c	. Telephone Number (g	ive area code) /	530) 752-2075
d. Signature of Authorized Represe	entative ()	Parte	e	Date Signed 9/2	Tout	
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**					
APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE	=	2. DATE SUBMITTED		Applicant Iden	tifier
		July 30, 2004		R9-Tracking N State Applicat	
1. TYPE OF SUBMISSION:	Dec conlination	3. DATE RECEIVED BY	SIAIE	State Applicat	ion identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Construction	Construction				
Non-Construction	Non-Construction	<u> </u>		<u> </u>	
5. APPLICANT INFORMATION Legal Name:	<u> </u>		Organizational Unit:		
			Department:		
California Air Resources Board			Division		
Organizational DUNS: 828321871			Division: Administrative Service	es Division	
Address:			Name and telephone	number of pe	rson to be contacted on matters
Street:			involving this applic		a code)
1001 Street P.O. Box 2815			Prefix: Ms.	First Name: Valinda	
City:			Middle Name		
Sacramento			II		
County: Sacramento			Last Name Debbs		
State: CA	Zip Code 95812		Suffix:		
	95812		Email:		
Country: USA			vdebbs@arb.ca.gov		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
68-028806			(916) 322-8201		(916) 322-9612
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)
₩ Ne	w Continuatio	n 🖺 Revision	A. State		
If Revision, enter appropriate le		All Son Novion			
(See back of form for description	n of letters.)	П	Other (specify)		
Other (see sife)		L	9. NAME OF FEDER	AL AGENCY:	
Other (specify)			Environmental Protect	tion Agency	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI		
		6 6 - 0 0 1	Program for the conti	ol of air pollutio	n emissions as mandated by state
TITLE (Name of Program):		0 0 0			egional air pollution control efforts, chieve air quality standard.
Air Pollution Control Program S			and other idirections a	ppropriate to de	micro air quair, ciairean ar
12. AREAS AFFECTED BY PE	ROJECT (Cities, Countie:	s, States, etc.):			
State of California					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project Statewide
AT TOTAL ATTO THE CALL				SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PROC	ESS?	
a. Federal)	6,339,166 ·	a. Yes. THIS PR	EAPPLICATION	NAPPLICATION WAS MADE
h Applicant		0,000,100	AVAILAD	S FOR REVIE	ATE EXECUTIVE ORDER 12372 ON
b. Applicant	Marie I & Prince Iran	20.515.127	1 110020		

g. TOTAL	\$ 26,854,293	Yes If "Yes" attach an explanation.
DOCUMENT HAS BEEN DUL	IOWLEDGE AND BELIEF, ALL DATA IN THIS APP Y AUTHORIZED BY THE GOVERNING BODY OF T F THE ASSISTANCE IS AWARDED.	LICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
a. Authorized Representative	THE ADDISTANCE TO AVAILBED.	
Prefix Ms.	First Name Marie	Middle Name
Last Name LaVergne		Suffix
b. Title Chief, Administrative Services	. // /	c. Telephone Number (give area code) (916) 322-8198
d Signature of Authorited Rep		e. Date Signed

00

2 2004

STATE CLEARING HOUSE

DATE: Signature Date

FOR REVIEW

b. No. PROGRAM IS NOT COVERED BY E. O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

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c. State

d. Local

e. Other

f. Program Income

ADDI ICATION FOR					Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	y 30, 2004	Applicant Ident	lifier
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY		State Application	on Identifier
Application		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	ler
Construction	Construction		-		
Non-Construction	Non-Construction			<u></u>	
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:		*	Department:		
Self-Help Enterpri	ses				
Organizational DUNS:	006		Division:		
056179 Address:	900		Name and telephone involving this applic	e number of per	rson to be contacted on matters
Street:			Prefix:	First Name:	usan
P.O. Box 6520 City: Visalia	·		Middle Name		
County:			Last Name Atkins		
State: CA	Zip Code 93290		Suffix:		
Country:			Email:		
United States				elpenterprises.or	rg Fax Number (give area code)
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give		,
94-1592676]		(559) 651-1000 ext. 6		(559) 651-3634 c of form for Application Types)
8. TYPE OF APPLICATION:	w 🗓 Continuatio	n Revision			t of form for Application Types)
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)	it.d (Colloss	O. Not for Profit Org. Other (specify)	anization	
See back of form for description				•	
Other (specify)			9. NAME OF FEDER	· U	SDA Rural Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLI	CANT'S PROJECT:
			Homebuyer education	n; post-occupan	cy education and 502 delinquency
TITLE (Name of Program):		10-441	counseling for uninco	orporated areas	of seven counties in the San
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s, States, etc.):			
502 eligil areas of Kings, Kern,	Fresno, Madera, Merce	d, Tulare & Stanislaus Co.			·
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
1/1/05	12/31/06		21		18, 19, 20,21,22
15. ESTIMATED FUNDING:			I		REVIEW BY STATE EXECUTIVE
a. Federal \$		100,000	a. Yes. AVAII A	REAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	HECEIVE] //4////	SS FOR REVIEW	= =
c. State \$	1110 9 2	004	DATE: /	August 2, 2004	
d. Local \$	AUG - 2 2	UU - 00	b. No. 🖂 PROGR	AM IS NOT COV	/ERED BY E. O. 12372
e. Other \$	STATE CLEARING	HOUSE000	FOR RE	VIEW	T BEEN SELECTED BY STATE
f. Program Income \$	SIAIECLEADING	00	17. IS THE APPLICA	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		155,000	Yes If "Yes" attac		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	' AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT ANI	ICATION ARE 1 THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative	THE MODIO I MITOL 19 A	3 T T (-		
Prefix	First Name		Middl	e Name N.	
Last Name	Peter		Suffix		
Carey b. Title				ephone Number	(give area code)
President \ CEO	agantative (·	(559) 651-1000	
d. Signature of Authorized Repr	esemative \		. C. Da		-20-04

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ider	y Version 7/03
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	/ Federal Identi	fier
☑ Construction	Construction	JUN - I	2004		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	00//	ZUM.		
Legal Name:			Organizational Ur	nit:	
South Tulare Cou	nty Memorial D	istrict	Department:		
Organizational DUNS: 36-1	180-0626		Division:		
Address:			Name and telepho involving this app	one number of pe	rson to be contacted on matters
Street: P.O. Box	x 10148		Prefix:	First Name:	a code)
City: Earlima	~+		Middle Name Ray	UUE	
County: Tulare			Last Name McPhetr	idge	
State: CA	Zip Code 93219-	- 0148	Suffix:		
Country:			Email:		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (giv	re area code)	Fax Number (give area code)
94-6024065			(559) 757-	3870	(559) 757-5403
8. TYPE OF APPLICATION:	3			•	k of form for Application Types)
X Nev	w Continuatio	n 🔲 Revision	G - Spe	cial Distr	ict
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es) of letters.)	П	Other (specify)	ι	,
Other (specify)			9. NAME OF FEDE USDA Ru	RAL AGENCY: ral Develo	pment
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:			CANT'S PROJECT:
		10-766			ion at Richgrove
TITLE (Name of Program): Con	munity Facilit		and Earli	mart Veter	ans Memorial
Program 12. AREAS AFFECTED BY PR	-		Buildings		
Earlimart and Ri 13. PROPOSED PROJECT	cngrove, Calli	ornia	14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
10/1/04	9/30/05		Rep. Devin	Nunes	Rep. Devin Nunes REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PRO	OCESS?	
a. Federal \$	87,444		J ^{a. Yes.} AVAIL	ABLE TO THE ST	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	71,545	The second state of the se		ESS FOR REVIEV	VOIN
c. State \$	JEC	FIVED	DATE:		
d. Local \$	1		D. NO. Lin		/ERED BY E. O. 12372
e. Other \$	AU	G - 2 2004	FORR	FVIFW	T BEEN SELECTED BY STATE
f. Program Income \$	(00	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	158,985TATE C	LEARING HOUSE	Yes If "Yes" att		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPF THE APPLICANT AI	PLICATION ARE 1	TRUE AND CORRECT. THE
a. Authorized Representative			אואו	dle Name	
Prefix Mr.	First Name Joe			Ray	
Last Name McPhetridge			Suff		
b. Title Director	1 1	van een een een een een een een een een e		elephone Number (559) 757-3	(give area code) 3870
d. Signature of Authorized Repre	esentative hules		e. D	ate Signed 5/26/04	Standard Form 424 (Rev.9-2003)
Previous Edition Usable Authorized for Local Reproduction	on				Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Ider	君 Version 7/03 httfler
1. TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier
Construction Non-Construction	Non-Construction	JUN - I	2004		
5. APPLICANT INFORMATION	TEMPOR CONTOURS OF				
Legal Name: South Tulare Coun	nty Memorial D	istrict	Organizational Un Department:	nit:	
Organizational DUNS: 36-1	80-0626		Division:		
Address:	- O				rson to be contacted on matters
Street: P.O. Box	1048		involving this app Prefix: Mr.	First Name:	a code)
City: Earliman	•+		Middle Name Ray	Joe	
County:		The state of the s	Last Name McPhetr		
State: CA	Zip Code 93219-	01/0	Suffix:	ıuge	
Country:	93219-	-0140	Email:		
1			Phone Number (giv		Fax Number (give area code)
6. EMPLOYER IDENTIFICATION	_		1	• •	,
94-6024065			(559) 757-		(559) 757-5403 k of form for Application Types)
8. TYPE OF APPLICATION:	v 🔲 Continuation	n 🔲 Revision	I .	cial Distri	
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	. Kevision	Other (specify)	<i>i</i> -	
Other (specify)			9. NAME OF FEDI	ERAL AGENCY:	
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	E NUMBER:		ral Develo	CANT'S PROJECT:
10. CATALOG OF FEDERAL	JONIESTIC ASSISTANC				ion at Richgrove
TITLE (Name of Program): Con	munity Fooilit	10-766			ans Memorial
Program			Buildings		
12. AREAS AFFECTED BY PR					
Earlimart and Rio 13. PROPOSED PROJECT	chgrove, Calif	ornia	14. CONGRESSIO	NAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
10/1/04	9/30/05		Rep. Devir	Nunes	Rep. Devin Nunes REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 PR	OCESS?	
a. Federal \$	87,444	.00	J ^{a. Yes.} ∟ AVAIL	PREAPPLICATION ABLE TO THE ST. ESS FOR REVIEW	N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	71,545	ACCUSATORS OF A SEASON SERVICE CONTROL OF A SEASON SERVICE AND A SEASON SERVICE AS A SEASON SEASON SERVICE AS A SEASON]		VON
c. State \$) [m]	EIVED	DATE:		
d. Local \$		00	D. NO. 11.3		/ERED BY E. O. 12372
e. Other \$	AUG	7 - 2 200400	FORF	FVIFW	T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLI	CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	158,989TATE CI	EARING HOUSE		ach an explanatior	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF I	LICATION/PREAPI THE APPLICANT A	PLICATION ARE I	NT WILL COMPLY WITH THE
a. Authorized Representative	First Name		Mid	dle Name	
MIC.	Joe		Suf	Ray	
Last Name McPhetridge					/-lu
b. Title Director	111111111111111111111111111111111111111		1	elephone Number (559) 757-3	(give area code) 1870
d. Signature of Authorized Repre	Metholia		e. L	Date Signed 5/26/04	Standard Form 424 (Rev.9-2003)
Previous Edition Usable Authorized for Local Reproduction	nn .				Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier	
FEDERAL ASSISTANCE 2. DAT		2. DATE SUBMITTED August 2	. DATE SUBMITTED August 2, 2004		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-0154-1	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: California - Department o			California Depart	tment of Parks and Recre number of person to be contact.	ation
	- Consession	- 2 2004	this application (give a Betty Ettinger (916) 651-8174	rea code)	
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in	
8. TYPE OF APPLICATION:		APING HOUSE	A. State B. County C. Municipal	H. Independent School Dist. I. State Controlled Institution of J. Private University	f Higher Leaming
New		☐ K⊕AIEIOU	D. Tawnship E. Interstate	K, Indian ∵ribe L. Individual	• .
If Revision, onter appropriate lett			F. Intermunicipal	M. Profit Cirganization	
, =	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify)	
			9, NAME OF FEDER Department of th National Park Se		443
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IIIMRER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJE	CT:
10. CATALOG OF PEUCRAL D	OWESTIC MOSISTANCE I		1		
	_		York Mini Park	ecreation and Park Depa	ırtment
	eation - Acquisition, Dev		McLaren Lodge.	Golden Gate Park	
12. AREAS AFFECTED BY PRO 06-67000	OJECT (Cities, Counties, St	tates, etc.):	501 Stanyan Str San Francisco C	eet	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
11/1/04 6/30/08		13		8	
15. ESTIMATED FUNDING:	-1		16. IS APPLICATION ORDER 12372 PI	SUBJECT TO REVIEW BY STROCESS?	TATÉ EXECUTIVE
a. Federal	\$	81,190	(B) YES. THIS PRE	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$	81,190		E TO THE STATE EXECUTIVE FOR REVIEW ON:	: ORDER 12372
c. State	\$		DATE	08/02/04	
d. Local	\$	go	b. No. 2 PROGR	AM IS NOT COVERED BY E. C	D. 12372
e. Other	\$	DO	OR PRO	GRAM HAS NOT BEEN SELE VIEW	CTED BY STATE
f. Program Income	\$, ao	17, IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL	\$	162,380	1 .	attach an explanation.	□ No
18, TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF TH	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRE HE APPLICANT WILL COMPI	CT, THE Y WITH THE
a. Type Name of Authorized Rep Ruth Coleman		b. Title Director, Parks an	d Recreation	c. Telephone Number (916) 653-7423	
d, Signature of Authorized Repre	esentative	Shootoff and all	_ , , _ , , , , , , , , , , , , , , , ,	e. Date Signed	
and and the same of the same o					

OMB Approval No. 0348-0043

APPLICATION FOR	l			Analisans Identifier	
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED August 2		Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier SAI-EXEMPT	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01537	
S. APPLICANT INFORMATIO	N		To be described.		
Legal Name: California - Department		on	Organizational Unit: California Depar	tment of Parks and Recreation	on matters involving
	and the state of t	GEIVE	this application (give a Betty Ettinger (916) 651-8174	rea code)	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EINI)	AUG - 2 2004	Land I	ANT: (enter appropriate letter in box) H. Independent School Dist.	А
			A. State B. County	I. State Controlled Institution of Hig	her Learning
8. TYPE OF APPLICATION:			C. Municipal	J. Private University	
⊘ N	ew Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate I A. Increase Award 8. D		se Duration	E, Interstate F. Intermunicipal G. Special District	L, Individual M. Profit Cirganization N. Other (Specify)	
D. Decrease Duration Oth					
TITLE: Outdoor Re 12. AREAS AFFECTED BY F 06-55282 13. PROPOSED PROJECT	PROJECT (Cities, Counties, S	States, etc.):	Arastradero Pre City of Palo Alto 1451 Middlefield Palo Alto, CA 94	l Road	
Start Date	1 ' '	03	b. Project	14	
11/1/04 6/30/08 15. ESTIMATED FUNDING:			16. IS APPLICATION	N SUBJECT TO REVIEW BY STATI	E EXECUTIVE
a. Federal	\$	160,000	(a) YES, THIS PRE	EAPPLICATION/APPLICATION WAS	MADE
b. Applicant	\$	160,000		LE TO THE STATE EXECUTIVE OR S FOR REVIEW ON:	DER 123/2
c. State	\$	•	DATE	08/02/04	
d. Local	\$, oo	b. Na. PROGE	RAM IS NOT COVERED BY E. O. 12 DGRAM HAS NOT BEEN SELECTE	372 D BY STATE
e. Other	\$,	FOR RI		
f. Program Income	\$, DO ,	17. IS THE APPLIC	ANT DELINQUENT ON ANY FEDER	RAL DEBT?
g. TOTAL	\$	320,000	_	" attach an explanation.	□ No
DOCUMENT HAS BEEN DI	ULY AUTHORIZED BY THE	GOVERNING BODY OF T	ICATION/PREAPPLIC THE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE APPLICANT WILL COMPLY W	VITH THE
a. Type Name of Authorized	B IF THE ASSISTANCE IS A	b. Title		c. Telephone Number	
Ruth Coleman	(CP(CDOINAUVO	Director, Parks a	nd Recreation	(916) 653-7423	
d, Signature of Authorized Re	epresentative			a. Date Signed	

APPLICATION FOR		<u> </u>		OMB Approval No. 0348-0	
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 2, 2004		Applicant Identifier N/A	
1, TYPE OF SUBMISSION:	3. DATE RECEIVED BY		STATE	State Application Identifier SAI-EXEMPT	
Application Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01557	
Non-Construction 5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
California - Department		personnel a company of the second contract of		ment of Parks and Recreation number of person to be contacted on matters involve.	
Dagianion o to	acramento 067		this application (give a Betty Ettinger (916) 651-8174		
California 06 9	04296-0001	AUG - 2 2004	7 TYPE OF APPLICA	NT: (enter appropriate letter in box)	
6. EMPLOTER IDENTIFICATIO		AUG - 2 2004	Ensiement	Ā	
			A. State	H. Independent School Dist.	
8, TYPE OF APPLICATION:	O 45 V 46 L	CLEADING HO	Muhicipal	State Controlled Institution of Higher Learning Private University	
∠ Ne	w Continuation	E CLEARING HO	D. Township	K. Indian Tribe	
IS Developed and appropriate to	toy(a) in hay(aa)		E. Interstate	L. Individual	
If Revision, enter appropriate letter(s) in box(es)			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decrease Award C. Increase Duration			G. Special District	N. Other (Specify)	
14 1110/0000 / 1110/	r(specify):				
B. Buo, edge Buranan, Cana	(9. NAME OF FEDER		
			Department of the Interior		
		, , , , , , , , , , , , , , , , , , ,	National Park Se	rvice - Western Region 1443	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:	
IN OXIALOG OF TEPLIONE		Bryant Park Development			
		City of Riverside, Park & Recreation			
TITLE: Outdoor Rec	reation - Acquisition, Dev		3900 Main Street		
12. AREAS AFFECTED BY PR	ROJECT (Cities, Countles, S	tates, etc.):	Riverside, CA 9		
06-62000					
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:			
	a Applicant		b. Project		
Start Date Ending Date 11/1/04 6/30/08	a. Applicant)3	b., 10,000	42	
		,,,	16 IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PI		
a. Federal	S	, dD			
a. i buoidi		88,257		APPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	88,257	i e	E TO THE STATE EXECUTIVE ORDER 12372	
			PROCESS	FOR REVIEW ON:	
c. State	\$	<u>.</u> 80	DATE 2	3/2/04	
d, Local	\$.00	7		
	-			AM IS NOT COVERED BY E, O. 12372	
e. Other	\$.50		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
		90	- FOR RE	NIC4A	
f. Program Income	\$		47 IS THE ADDITION	NT DELINQUENT ON ANY FEDERAL DEBT?	
	\$	80			
g. TOTAL		176,514	_	attach an explanation.	
18 TO THE BEST OF MY KNO	OWLEDGE AND BELIEF. A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DUL	Y AUTHOFIZED BY THE G	OVERNING BODY OF TH	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE	
ATTACHED ASSURANCES I					
a. Type Name of Authorized Re		b. Title		c, Telephone Number	
Ruth Coleman Director, Parks at			d Recreation	(916) 653-7423	
d. Signature of Authorized Rep	resentative			e, Date Signed	

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OMB Approval Ng. 0348-0043 **APPLICATION FOR** 2 DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE August 2, 2004 N/A State Application Identifier SAI-EXEMPT 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: Application Construction Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction 06-01550 Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: California Department of Parks and Recreation California - Department of Parks and Recreation lame and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code), lia application (give area code) Betty Ettinger Post Office Box 942896 op Sacramento 3150 Sacramento (916) 651-8174 94296-0001 California 06 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6, EMPLOYER IDENTIFICATION NUMBER (EIN) Α H. Independent School Dist. A. State B County C. Menicipal I, State Controlled Institution of Higher Learning 8. TYPE OF APPLICATION: CONTINUENTE CLEREVISIONE HC J. Private University New New K. Indian Tribe D. Township Lodividual E Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal G. Special District N. Other (Specify) B. Decrease Award C. Increase Duration A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 - 9 1 6 Highland Park Development City of Riverside, Park & Recreation TITLE: Outdoor Recreation - Acquisition, Development & Planning 3900 Main Street 12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.): Riverside, CA 92522 06-62000 14 CONGRESSIONAL DISTRICTS OF: 13, PROPOSED PROJECT b. Project a. Applicant Start Date Ending Date 42 03 11/1/04 6/30/08 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** \$ a. Federal 37.284 YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 \$ b. Applicant 37,284 PROCESS FOR REVIEW ON: \$ c. State \$ d, Local b. No. PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e, Other \$ FOR REVIEW 0 \$ f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation. No 74.568 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

Director, Parks and Recreation

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Ruth Coleman

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a. Type Name of Authorized Representative

d. Signature of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number

(916) 653-7423

e. Date Signed